PTO/SB/97 (08-03)

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ATTACHED: - PRELIMINARY AMENDMENT (7 pages);

- FEE TRANSMITTAL (PTO/SB/17), in duplicate;

RCE (PTO/SB/30), in duplicate;

- PET. FOR 2 MONTH EXT. (PTO/SB/22), in duplicate.

CUSTOMER NO.:

24498

Serial No.:

10/505,390

Docket No.:

PF020015

Art Unit:

2132

Examiner:

Devin E. Almeida

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 14

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November 1, 2007

PTO/SEAT (01/05)
Approved for use through 07/31/2006. OAS 0881-0032
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Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/505,390 Application Number TRANSMIT August 20, 2004 Filing Date for FY 2007 Alain Durand First Named Inventor Devin E. Almeida Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2132 Art Unit PF020015 1270.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (chock all that apply) CUSTOMER NUMBER: 24498 ☐ Credit card ☐ Money Order ☐ None Other (please identify): ☐ Check THOMSON LICENSING LLC Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES FILING FEES** Small Entity **Small Entity** Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (5) Fee (\$) Fee (\$) Fees Pald (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 **Plant** 200 100 300 150 160 80 Reissue 300 500 250 600 150 300 Provisional 0 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (Including Reissues) 50 25 Each Independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 **Total Claims** Extra Claims Fee (\$) Fee Pald (\$) Multiple Dependent Claims - or HP = \$50 Fea (\$) Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20. **Independent Claims** Extra Claims Fee Paid (\$) Fee (\$) - or HP = \$200 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): FEE FOR TWO MONTH EXTENSION - \$460.00 \$1270.00 **RCE FEE** - \$810.00 SUBMITTED BY CATHERINE A. Registretion No. (Attorney/Appril) **FERGUSON** Name (Print/Type) 40.877 (609) 734-6440 Telephone

Catherine

PTO/S8/17 (01/06)
Approved for use through 07/31/2006, CMB 0651-0032
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